IPDR6702				NORTH CAROLINA		2.2	AGE: 1	
	: 06/07/2004		IPF	NORTH CAROLINA IS CHECKWRITE SUMMARY REPORT		P.B.	GE: I	
				HECKWRITE DATE: 06/08/2004				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		muo	momay	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS
	PROVIDER WARE				DENTALS	DENTALS	FINALIZED	FAID
3404901	SMOKY MOUNTAINM	11	351	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SAS			DATE				
		8505	331	CLAIM DENIED DUE TO INSUFFICIE	0	709	735	26
				NT BUDGET	· ·	,,,,	733	2.0
		8800	26	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404902	BLUE RIDGE COMM	8599	1581	DETAIL NOT COVERED BY COMBINAT				
	UNITY			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		5404	761	SEVERE DUPLICATE: SAME ATTD PR				
		3404	701	OV/PCODE/TOS/DOS/MOD	609	3808	5796	1988
		21	501	DUPLICATE OF CLAIM-SYSTEM				
		1						
3404904	WESTERN HIGHLAN	8599	591	DETAIL NOT COVERED BY COMBINAT			1	
	DS LME	1		ION OF RECIPIENT, PROVIDER AND			1	
				BENEFIT PACKAGE.				
		11	497	CLIENT NOT ELIGIBLE ON SERVICE DATE	182	1503	2750	1247
				DATE				
		8931	113	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404905		8599	1589	DETAIL NOT COVERED BY COMBINAT				
3404903	TREND COMM MENT AL HLTH CTR	0333	1309	ION OF RECIPIENT, PROVIDER AND				
	AL BLIR CIR			BENEFIT PACKAGE.				
		21	1149	DUPLICATE OF CLAIM-SYSTEM	26	3352	6102	2750
		143	163	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
2404007		0.1	1202	DUDY YOUR OF OVER 11 OF OWNER,				
3404907	RUTHERFORD-POLK	21	1323	DUPLICATE OF CLAIM-SYSTEM				
		8599	856	DETAIL NOT COVERED BY COMBINAT	88	2393	2870	477
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	91	CLIENT ID NUMBER DOES NOT MATC			1	
				H PATIENT NAME				
24040**		DEDE	111	OVATA DENTED DUE MO THOUSAND				
3404910	PATHWAYS	8505	111	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			-	
		+		×			1	
		1					1	
		11	69	CLIENT NOT ELIGIBLE ON SERVICE	1	250	632	382
				DATE				
							1	
		8621	24	60 RESIDENTIAL LEVEL III TREAT			1	
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
24040		0001	1.63					
3404912	CATAWBA COUNTYM	8931	163	AMTNC INELIGIBLE TO RECEIVE SE			1	
	ENTAL HEALT	+		RVICES IN IPRS.			1	-
		11	144	CLIENT NOT ELIGIBLE ON SERVICE	252	628	7432	6804
				DATE				
		8599	137	DETAIL NOT COVERED BY COMBINAT			1	
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
					_		_	_

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404913	MECKLENBURG COM	8935	7994	ASTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
		8505	3745	OTATA DENTED DUE NO TROUBEROTE				
		6505	3/43	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	13755	22778	28763	5985
		8933	3323	ADTNC INELIGIBLE TO RECEIVE SE				
 				RVICES IN IPRS.				
3404916	CROSSROADS BEHA	8000	306	NO RATE AVAILABLE ON FILE TO P				
	VIORAL HEAL			RICE THIS CLAIM DETAIL				
ļ		11	99	CLIENT NOT ELIGIBLE ON SERVICE	16	674	5547	4873
				DATE				
1								
		8599	79	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404017		21	15025	DUDY TORMS OF OVER A SHOWEN				
3404917	CENTERPOINT HUM	21	15035	DUPLICATE OF CLAIM-SYSTEM	+			
-	AN SERVICES				_			
		8505	14968	CLAIM DENIED DUE TO INSUFFICIE	1731	35404	39468	4064
				NT BUDGET				
		8599	1406	DETAIL NOT COVERED BY COMBINAT				
		0399	1400	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404918	ROCKINGHAM CO M	8599	137	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
L				BENEFIT PACKAGE.				
		11	129	CLIENT NOT ELIGIBLE ON SERVICE	55	435	2219	1784
				DATE	33	433	2219	1704
		8505	93	CLAIM DENIED DUE TO INSUFFICIE				
1				NT BUDGET				
3404919	GUILFORD CO MEN	8505	2008	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		8599	361	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	238	3342	7002	3660
				BENEFIT PACKAGE.				
					+			
		8800	320	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
2404000		0505	E200	OTATA DENTED DUE NO THOUSEN				
3404920	ALAMANCE CASWEL L AREA MH D	8505	5208	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	+			
 	L AREA PRI L				+			
		8800	667	FURTHER PROCESSING NECESSARY,	17	6685	12136	5451
				PLEASE CHECK FOR CLAIM ON				
<u> </u>				FUTURE RA'S.	+			
		21	370	DUPLICATE OF CLAIM-SYSTEM	+			
					+			
	1							
		1						
				DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C	21	2310					
3404921	ORANGE PERSON C HATHAM AREA	21	2310					
3404921		21	2310					
3404921		21 8505	2192	CLAIM DENIED DUE TO INSUFFICIE	22	5,827	15460	9623
3404921					23	5837	15460	9623
3404921				CLAIM DENIED DUE TO INSUFFICIE	23	5837	15460	9623
3404921		8505	2192	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	23	5837	15460	9623
3404921				CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY,	23	5837	15460	9623
3404921		8505	2192	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	23	5837	15460	9623

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF	DD000770770V	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404922	THE DURHAM CENT	0	0	*** NO DATA TO REPORT ***				
	ER							
		0	0		0	0	0	0
					-	_	-	
3404923	VGFW AREA AUTHO	8505	781	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	RITY							
		8800	245	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	11	1234	2718	1484
				FUTURE RA'S.				
		11	75	CLIENT NOT ELIGIBLE ON SERVICE DATE				
				DATE				
3404924	PIEDMONT AREA M	8326	1	ATTENDING PROVIDER NUMBER IS R				
	H/DD/SAS			EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
				NOMBER. ADD ATTENDING NOMBER A				
		0	0		0	1	1	0
					-			
3404925	CAMBUTTIC CRAMP	8505	2578	CLAIM DENIED DUE TO INSUFFICIE				
	SANDHILLS CENTE R FOR MH/DD	1		NT BUDGET				
								<u> </u>
		8800	431	PUDBURD DROOPGOTNO NEGROUS	-			
		8800	431	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	99	3539	4473	934
				FUTURE RA'S.				
		8599	228	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE	8505	19705	CLAIM DENIED DUE TO INSUFFICIE				
	G MENTAL HL			NT BUDGET				
		21	7546	DUPLICATE OF CLAIM-SYSTEM	4048	37203	50401	13198
		8599	2722	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M	8505	1097	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8800	107	FURTHER PROCESSING NECESSARY,				
		0000	107	PLEASE CHECK FOR CLAIM ON	16	1410	3306	1896
				FUTURE RA'S.				
		0.00	-					
		8599	58	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
		1		BENEFIT PACKAGE.				
3404929	LEE HARNETT MH/	21	759	DUPLICATE OF CLAIM-SYSTEM				
	DD/SAS							1
		8505	222	CLAIM DENIED DUE TO INSUFFICIE	8	1421	6900	5479
				NT BUDGET				
								1
		8599	212	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
	1			BENEFIT PACKAGE.				1
3404930	JOHNSTON COUNTY	8931	159	AMTNC INELIGIBLE TO RECEIVE SE				
3404930	JOHNSTON COUNTY MNTL HLTHC	8931	159	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404930		8931	159	II.				
3404930				RVICES IN IPRS.				
3404930		8931	159	II.	211	285	4001	3716
3404930				RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT	211	285	4001	3716
3404930		8599	51	RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	211	285	4001	3716
3404930				RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CSTNC INELIGIBLE TO RECEIVE SE	211	285	4001	3716
3404930		8599	51	RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	211	285	4001	3716

							TOTAL	TOTAL
PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	CLAIMS FINALIZED	CLAIMS PAID
3404931	WAKE CO HUM SVC BILLING OF	11	820	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	BILLING OF							
		8599	239	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	133	1570	4664	3094
				BENEFIT PACKAGE.				
		21	162	DUPLICATE OF CLAIM-SYSTEM				
3404932	RANDOLPH/SANDHI LLS CO MH C	8505	891	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	LLS CO MH C							
		8526	574	CLAIM DENIED, UNITS BILLED MUS T BE GREATER THAN ZERO	65	2182	2932	750
		8800	256	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404933	SOUTHEASTERN CT	8505	2786	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	R FOR MH/DD	+		NI BODGET				
		11	207	CLIENT NOT ELIGIBLE ON SERVICE	48	3464	3961	497
		1		DATE				
		8599	163	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		1						
3404934	ONSLOW COUNTY B	8599	111	DETAIL NOT COVERED BY COMBINAT				
	EHAVIORAL H			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		1		BARRIT FROMOG.				
		11	72	CLIENT NOT ELIGIBLE ON SERVICE	7	398	2148	1750
				DATE		-		
		1						
		24	68	PROCEDURE CODE, PROCEDURE/MODI				
				FIER COMBINATION OR PROCEDURE				
		1		CODE/TYPE OF SERVICE COMBINATI				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
-	1	0	0		n	n	n	n
2404025		0.021	E 2	CO DECEMBER THE THE CONTRACT				
3404936	WILSON-GREENE M ENTAL HEALT	8621	53	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED				
	POYAGE HEREI	1		FOR ADDITIONAL SERVICE.				
		2020	0.5					
		8000	25	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	37	168	6668	6500
		1						
		8931	20	AMTNC INELIGIBLE TO RECEIVE SE				
		1		ATTOM IN IERO.				
3404937	EDGECOMBE NASH	21	592	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C	1						
	<u> </u>							
		8599	375	DETAIL NOT COVERED BY COMBINAT	156	1374	13048	11674
		1		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		1						
		5308	135	PRIOR AUTHORIZED UNITS EXCEEDE				
				D				
		1						
3404938	RIVERSTONE MENT	21	821	DUPLICATE OF CLAIM-SYSTEM				
	AL HEALTH C							
		8931	256	AMTNC INELIGIBLE TO RECEIVE SE	305	1430	4906	3476
				RVICES IN IPRS.				
		1						
		191	136	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
-	1	1						
	I.	II	l	l .			l	

							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404939	NEUSE MENTAL HE	8505	359	CLAIM DENIED DUE TO INSUFFICIE				
	ALTH CENTER			NT BUDGET				
		21	169	DUPLICATE OF CLAIM-SYSTEM	0	875	2396	1521
		8599	151	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404941		8599	368	DETAIL NOT COVERED BY COMBINAT				
3404341	PITT CO MH/DD/S AS CENTER	0333	300	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	222	DUPLICATE OF CLAIM-SYSTEM	152	1367	6482	5115
		191	192	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404942	ROANOKE CHOWANH	21	180	DUPLICATE OF CLAIM-SYSTEM				
	UMAN SERVIC							
		10	57	DIAGNOSIS OR SERVICE INVALID F	6	433	1613	1180
				OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
		8599	54	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		_		
				BENEFIT PACKAGE.				
3404943	ALBEMARLE MENTA L HEALTH CE	8505	621	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	L REALIR CE							
		2000		FURNISH PROGRAMMA NEGROUPLY				
		8800	56	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	72	966	2129	1163
				FUTURE RA'S.				
		8599	45	DETAIL NOT COVERED BY COMBINAT				
		0333	13	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA	8505	2424	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
		21	1279	DUPLICATE OF CLAIM-SYSTEM	198	5192	8910	3718
		5404	716	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404946	FOOTHILLS AREAM	11	918	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		21	106	DUPLICATE OF CLAIM-SYSTEM	30	1229	6833	5604
		0.500						
		8599	50	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404957		21	675	DIDITORE OF CLAIM-CVCTPM				
3404957	TIDELAND MENTAL HEALTH CTR	21	675	DUPLICATE OF CLAIM-SYSTEM				
		8505	527	CLAIM DENIED DUE TO INSUFFICIE	110	1510	20.00	2450
				NT BUDGET	119	1513	3969	2456
		8599	137	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404979	NEW RIVER AREAM	8505	1503	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
		21	787	DUPLICATE OF CLAIM-SYSTEM	73	3214	10404	7190
		8800	466	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
	1	1	<u> </u>	TOTOLD RA J.	<u> </u>			